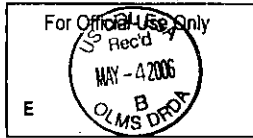


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2605	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Brian E Diskin P.O. Box, Bldg., Room No., if any Street 1602 E. Butzow Drive City Urbana State Illinois ZIP Code + 4 61802	4. Name, file number, and address of labor organization. Name Ironworkers Local Union #380 Labor Organization File Number 020767 P.O. Box, Building and Room Number, if any Street 1602 E. Butzow Drive City Urbana State Illinois ZIP Code + 4 61802
5. Position in labor organization. F.S.T. - Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name None Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Brian Diskin

On

5/2/2006

Date

217-367-6014

Telephone Number

Name of Person Filing Brian Diskin		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Gregorio & Associates</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street Two N. LaSalle Street, Suite 1650</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60602</p>		<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>		<p>11.a. Nature of such dealing.</p> <p>Christmas gift - 4 steaks from Union attorney</p> <p>11.b. Approximate dollar value of such dealing. \$75</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>

Name of Person Filing Brian Diskin

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Tri-State Welfare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 1000 Burr Ridge Parkway

City Burr Ridge

State Illinois ZIP Code + 4 60527

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Tri-State Welfare

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 1000 Burr Ridge Parkway

City Burr Ridge

State Illinois ZIP Code + 4 60527

11.a. Nature of such dealing.

Mileage to and from meetings

11.b. Approximate dollar value of such dealing.

\$1,120

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Brian Diskin

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local #380 Retirement and Severance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1602 E BUTZOW DR

City Urbana

State Illinois ZIP Code + 4 61802

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local #380 Retirement and Severance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1602 E BUTZOW DR

City Urbana

State Illinois ZIP Code + 4 61802

11.a. Nature of such dealing.

Pension educational seminar reimbursement
Round trip airfare \$611.80 Hotel \$1804.45 Cabs to
and from airport \$73.00 Registration for next
seminar \$1345.00 Meals and expenses \$1510.51

11.b. Approximate dollar value of such dealing.

\$5,345

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Martin Hood & Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2507 South Neil Street

City Champaign

State Illinois

ZIP Code + 4 61820

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local #380 Retirement and Severance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1602 E. Butzow Drive

City Urbana

State Illinois

ZIP Code + 4 61802

11.a. Nature of such dealing.

Christmas gift from accountant (cookies and chocolate)

11.b. Approximate dollar value of such dealing.

\$40

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Brian Diskin

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101 N. Wacker Drive, Suite 500

City Chicago

State Illinois

ZIP Code + 4 60606-1724

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local #380 Retirement and Severance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1602 E. Butzow Drive

City URBANA

State Illinois

ZIP Code + 4 61802

11.a. Nature of such dealing.

Dinner at pension educational seminar

11.b. Approximate dollar value of such dealing.

\$50

12.a. Nature of interest held or income received.

12.b. Amount.